

**Chronic Disease Prevention and Health Promotion Section Report
Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease**

Thursday August 13, 2015

Staffing

Welcome to the team several new staff:

- Vickie Ives – Wellness Manager
- Kellie Ducker – Women’s Health Connection Program Coordinator
- Kristi Robusto – Colorectal Cancer Data Analyst
- Deborah Nichole Millim – Administrative Assistant II
- Stephanie Abeyta – Administrative Assistant II

Unfortunately, Natalie Powell, the Tobacco Prevention and Control Coordinator is no longer with the State. The section is in the process of hiring three new staff members: Tobacco Prevention and Control Coordinator, Business Process Analyst for Colorectal Cancer and a Women’s Health Connection Data Analyst.

Fiscal

The Nevada Colorectal Cancer Control Program (CRCCP) is pleased to announce a new CDC 5 year grant DP15-1502: Organized Approaches to Increase Colorectal Cancer Screening award.

Programming

Women’s Health Connection Program

The **Women’s Health Connection (WHC)** is 100% federally funded by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The goal of the program is to reduce morbidity, mortality and health disparities in breast and cervical cancer. The target population of the program is women 40-64 years of age, who are underinsured or uninsured with an income equal to or below 250% of the Federal Poverty Level. Data from the Cancer Screening and Tracking System (CaST) identified 5,707 women screened during fiscal year 2015.

WHC current activities are:

- Partnering with Community Health Alliance (CHA) to implement a Community Health Worker (CHW) pilot project to increase outreach, navigation, treatment, and follow-up of clients at-risk for breast and cervical cancer at a Federally Qualified Health Center in Washoe County. CHA is hiring two CHW’s to provide education and implement health promotion activities to target population, navigate eligible clients into Medicaid or ACA insurance products, and care coordination/case management to women who have not received cancer screenings or who have been screened and have abnormal results. CHA has the capacity and infrastructure to implement such a pilot, and the greatest need for cancer screening intervention lies in Washoe County, where data shows there is a disproportionate prevalence of breast cancer and one of the highest rates of late stage breast cancer diagnosis as compared to other Nevada counties.
- Making progress on the “Systematic Approaches to Cancer Screening” NACCD grant. The scope of the project is to meaningfully utilize Medicaid claim data by importing data into the CaST system for analysis. Through a Memorandum of Understanding (MOU), WHC receives Medicaid enrollment, payer claim and diagnosis data. In the system test phase, data identifies clients who have transferred to Medicaid, and baseline screening rates within the Medicaid population. The next phase will be to establish outreach and evaluate performance to support adherence and timely follow-up based on the NBCCEDP model.

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- Contracted with DP Video to create the WHC Breast and Cervical Cancer Screening Toolkit. The toolkit aims to standardize screening practices among Nevada providers.
- Contracted with Strategic Processes to develop a Breast and Cervical Cancer Burden Report to identify morbidity, mortality and financial burden of breast and cervical cancer in Nevada. Areas focused on include race/ethnicity, geographic location, and availability of health care resources.

Nevada Colorectal Cancer Control Program

The Nevada Colorectal Cancer Control Program (CRCCP) is pleased to announce a new CDC 5 year grant DP15-1502: Organized Approaches to Increase Colorectal Cancer Screening award. The grant's purpose is twofold: Component 1 funding will be used to implement evidence-based interventions (EBIs) and other strategies in partnership with health systems to institute organized screening programs. Component 2 funding will allow CRCCP, in partnership with Access to Healthcare Network (AHN), to continue to provide direct screening and follow-up services for individuals aged 50-64 who are asymptomatic, at average risk for colorectal cancer (CRC), have inadequate or no health insurance for CRC screening, and are at 250% or below the federal poverty level (FPL).

CRCCP's goals are to reduce incidence and mortality of colon cancer by increasing the screening rates for all Nevadans aged 50 – 75 as recommended by USPSTF. CRCCP will work to reduce health disparities among the Latinos, African Americans, and low income individuals by enhancing the use of electronic medical records, CHWs, and professional development. CRCCP will work with partnering FQHCs in FY16 to implement EBIs including provider and client reminder systems and reduction of structural barriers through the use of Community Health Workers (WHC) in clinical settings. The CHWs will integrate into a team based care model to support and increase cancer screening among eligible clinic populations. CRCCP will also collaborate with Women's Health Connection (WHC) and Nevada Comprehensive Cancer Control Program (CCCP) to use data acquired from DHCFP Medicaid to assess breast, cervical and colorectal cancer screening rates among the ACA expanded Medicaid population. Result from analysis of Medicaid claim and diagnosis data will direct resources for targeted outreach and education to rarely or never screened Nevadans.

Comprehensive Cancer Control Program

The Comprehensive Cancer Control Program works towards bringing communities and partner organizations together in order to reduce the burden of cancer in Nevada. The program partially funds and works closely with the Nevada Cancer Coalition who plays a key collaborative role within the community.

The Comprehensive Cancer Control Program hosted the CDC project officer in June 2015. The program staff and partners shared program accomplishments and barriers with the project officer during his two-day visit. According to the project officer, CDC will continue to focus on policy, systems, and environmental changes and evaluation in upcoming years for cancer control.

Current activities include:

- Drafting of the 2016-2020 Nevada Comprehensive Cancer Control Plan
- Exploring ways to expand eligibility for Medicaid Treatment Program for uninsured women diagnosed with breast or cervical cancer
- Identifying gaps in screening versus diagnostic colonoscopies

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- Exploration of opportunities for survivorship planning in Nevada
- Implementation of the Sun Smart Nevada Schools Program

Notable Legislation from the 2015 Legislature

- AB 42 will remove barriers for cancer reporting and consequently improve the quality of cancer data in Nevada

Community Health Worker Program

The Community Health Worker Program is working with Talance, a company from Massachusetts to develop a hybrid online training course for Community Health Workers (CHWs) living in rural and frontier Nevada. The CHW hybrid online training course will begin with an introductory in-person session, followed by a sequence of online trainings, and concluding with an in-person closing session. The hybrid online trainings will include modules specific to chronic disease prevention and management, including cardiovascular health and cancer screenings. The hybrid model training course will be available to residents who live in the rural and frontier regions of Nevada who wish to be trained as CHWs, but cannot access the community college-based training. The training course will be available on a quarterly basis and will have a maximum capacity of 25 students.

The CHW Program is working with Nevada Primary Care Association (NVPCA) on the project to design the organizational structure of the Community Health Worker Association in Nevada. NPCA is currently working on developing a survey to assess the perceived need for an association and identify potential members of an organizing committee.

The Community Health Worker Program is happy to announce that SB 498 was passed during the 2015 Legislative session. SB 498 will allow the Bureau of Health Care Quality and Compliance (HCQC) to license agencies that want to provide certification to individuals who want to become community health workers. The HCQC mission is to protect the safety and welfare of the public through the promotion and advocacy of quality health care through licensing, regulation enforcement and education. SB 498 will set a mechanism in place that will help regulate the CHW workforce in Nevada, and monitor the qualifications and standards of CHW agency pools in the state.

Diabetes Prevention and Control Program

The Diabetes Education Stakeholder (DES) group held the full-day Strategic Planning Meeting on April 9, 2015, at Desert Springs Medical Center in Las Vegas. Three key strategies have been identified for the group to continue collaborative work toward: “The HUB”, data, and Policy/Legislation/Reimbursement. Collaboration, coordination, communication, data tracking/reporting and improved outcomes through physician engagement were major themes of the plan. The Diabetes Education Stakeholder are continuing to implement these strategies.

Two products resulting from this workgroup, have been developed. The start of “the Hub” is the new NVDiabetesEd.org website which provides both patient and healthcare provider information and links to Diabetes Education providers in Nevada. The website has plans to become more interactive for healthcare providers to see calendar schedules for upcoming Diabetes Self-Management Education (DSME) and Diabetes Prevention Program (DPP) offerings and link directly to a specific provider. The second product is a toolkit for healthcare providers on how to engage their patients to participate in DSME and how to make appropriate referrals based on the June 2015 Joint Position Statement of the

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American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics.

AB285 passed and became effective on July 1, 2015. This legislation revised NRS 392.425 to include self-administration of diabetes medication by pupils in public schools, establishment of protocols for containing blood-borne pathogens and the handling and disposal of needles, medical devices and other medical waste; and immunity from liability to school personnel for certain harm as a result of the self-administration of medication by a pupil. The result of this law allows a parent or legal guardian of a pupil living with diabetes to submit a written request to the public school to allow the pupil to self-administer medication for the treatment of diabetes while on the public school grounds, participating in an activity sponsored by a public school or on a school bus.

Cardiovascular Disease Prevention and Control Program

The Heart and Stroke Taskforce recently finalized the Nevada Heart Disease and Stroke Strategic Plan at the Annual Heart and Stroke Taskforce Workshop held in Las Vegas on June 24th. The taskforce members were then divided into two working groups: clinical workgroup and public health workgroup. Each workgroup was given specific goals and activities to address based on the consensus of the team. Activity planning has begun including identifying key partnerships with clinical, county, coalition, and public health entities to produce meaningful change. A Million Hearts Workshop was held in Las Vegas on May 5th, addressing the quality improvement and effective use of hypertension protocols in the healthcare system including incorporating team-based care. The activities and strategies recognized as a result of this workshop were recommended to the Taskforce and ultimately incorporated into the strategic plan.

The Quality Improvement Processes in Health Systems Pilot team also met in Las Vegas in June. The initial EHR flagging and referral loop feedback pilot is in place. Moving forward into the next year, the pilot will expand from 1 health center to 8, and expand to include hypertension, high blood pressure, tobacco, and healthy lifestyle change and self-monitoring programs. Ultimately, the referral loop will be moved to the HIE level for expansion outside of the pilot partners by the end of year.

Grant funding savings leveraged with exist grant funding has enable a new high blood pressure self-monitoring program pilot to be developed. The pilot will include an FQHC that will flag and refer patients with high blood pressure or hypertension to a self-monitoring program. Community Health Workers will be engaged to monitor the patient progress, provide assistances with patient questions and needs, and facilitate blood pressure reporting back to the EHR. Patient participants in the program will be given an automated blood pressure cuff to monitor their blood pressure at home daily.

SB196, developing a state stroke registry and reporting for the purpose of data sharing and quality improvement measures was passed during the last legislative session. DPBH is currently working with OPHIE, AHA, and Nevada Rural Hospital Partnership to identify gaps, assess needs, and increase participation and reporting into the registry.

Obesity Prevention Program

The Obesity Prevention Program's mission is to reduce obesity and promote healthy behaviors relating to nutrition and physical activity among Nevadans. This program is funded through CDC's State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and

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Promote School Health's five-year grant and currently has several projects occurring. The project that is highlighted this quarter is Worksite Wellness. The main objectives of this project are to develop and adopt policies pertaining to nutrition, physical activity and tobacco. The Nevada Division of Public and Behavioral Health (NDPBH) has partnered with the Public Employees' Benefits Program (PEBP) to improve the health and wellness of public employees. Initially, the policy efforts will be targeted to DPBH sites and staff. To date a DPBH Worksite Wellness Committee, consisting of 10 members, has been developed and has met several times to outline goals and priorities over the next year. With the help from PEBP, the committee's goal is create a prevention program similar to "NVision" for employees to participate in and take leadership in their health and wellness. These activities and partnerships will help support a comprehensive approach in ensuring employees have an environment in which they can establish healthy behaviors outside of their home.

The *Obesity Prevention Program* is happy to announce that AB 152 was passed during the 2015 Legislative session. AB 152 will require the State Board of Health to adopt regulations prescribing certain requirements for child care facilities relating to breastfeeding support and physical activity. The *Bureau of Health Care Quality and Compliance* (HCQC) will oversee the enforcement of these regulations once passed by the State Board of Health. HCQC's mission includes advocacy of quality health care through licensing, regulation enforcement and education, including in the child care setting. AB 152 will increase the number of fully met national obesity prevention standards as set forth by *Caring for our Children*. Prior to this legislation, Nevada fully met only 3 of these 47 national standards.

School Health Program

In May, the Nevada School Health program was approached by the National Association of Chronic Disease Directors (NACDD) and asked to participate in a case study on Nevada's school wellness policy successes on school nutrition standards and marketing. The case study will be published in September.

The School Health Program, in partnership with the Department of Agriculture, provided 17 schools/school districts with physical activity pack for completing the year one School Wellness Policy Assessment. To date, eight school districts have updated their wellness policies to meet the new State School Wellness Policy guidelines. Additionally, body mass index equipment was provided to eight counties that wish to collecting student BMI, which is now option due to legislation that sunset.

The school health program has prepared a radio campaign to run in August to promote the updated School Wellness Policy. Additionally, a school wellness policy YouTube video was produced and launched on the Nevada Wellness website to increase awareness of the nutrition and physical activity recommendations. The School Health Program Coordinator presented in June at the Nevada School Nutrition Conference on the topics of physical activity, nutrition and health for students and school staff. In early August, the School Health Coordinator presented the finding of the Nevada School Wellness Practices Report at the Nevada School Superintendent's meeting and asked that districts consider increasing physical activity through the implementation of the Comprehensive School Physical Activity Program.

The School Health Program continues to build partnerships and research low-cost options to increase physical activity in Nevada schools, such as Safe Routes to Schools and joint-use agreements. In the 2015-2016 school year, the School Health Program will partner with SHAPE Nevada to provide physical activity, physical education and nutrition professional development sessions to school staff and

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educational presentations to key state stakeholders. Additionally, the School Health program will be partnering with the Nevada Asthma Coalition to review asthma data related to student health and school attendance. In November, the School Health Program and Nevada Wellness will partner with the Reno Bighorns to promote student physical activity at the Reno basketball games, in school assemblies, and by an instant recess challenge that will run through April 2016.

Legislation Update: The United States Senate approved a reauthorization of the Elementary and Secondary Education Act that includes physical education as a core academic subject—subjects which are eligible for federal funding and for which teachers must be qualified—and also reauthorizes the Carol M. White Physical Education Program. That program funds physical fitness programs that help students make progress toward meeting their state standards for physical education. A version of ESEA reauthorization approved by the House does not include the physical education provisions. House and Senate negotiators are expected to attempt to work out differences in the bills via conference committee later this year. *(Source: Robert Wood Johnson Foundation)*

Tobacco Prevention and Control Program

The Tobacco Prevention and Control Program is enjoying large successes from SB483 that increased the excise tax on cigarettes by \$1 making the new tax \$1.80 per pack. According to American Cancer Society, Cancer Action Network and the Campaign for Tobacco Free Kids, this increase is expected to decrease youth smoking by 12.8%, encourage 15,400 adults to quit smoking and save \$1.50 million for the state Medicaid program over the next five years. The bill that was signed by the Governor on June 1, 2015, will generate \$192.6 million in revenue over the next biennium.

The Tobacco Prevention and Control Program hosted the CDC project officer in June 2015. The program staff and partners shared program accomplishments and barriers with the project officer during his two-day visit. According to the project officer, CDC will continue to focus on policy and evaluation in upcoming years for tobacco prevention and control.

The Tobacco Prevention and Control Program currently has a vacancy in the Tobacco Prevention and Control Program Coordinator position. This position is currently out for recruitment with an expected date to fill this position of September 2015.